



The Saint Paul Early Childhood Scholarship Program

Helping Families Access High-Quality Child Care and Early Education

Mail your completed application to:

Resources for Child Caring

10 Yorkton Ct

St Paul, MN 55117

Fax to: 651-645-0990 (if faxed, please mail in the original at your earliest convenience)

If you want help with this application, please call: **651-641-6604**

If you would like to talk about this application with someone who speaks Hmong, Somali or Spanish, please call the Language Access Line at 651-665-0150 or 1-888-291-9811.

Si necesita ayuda en español para llenar esta forma, por favor llame al siguiente numero de teléfono:
651-665-0150 ama 1-888-291-9811.

Yog koj xav tau kev pab los yog muaj lus nug txog daim ntawv thov nyiaj no, thov hu rau tus xov tooj 651-665-0150
1-888-291-9811.

Hadii aad dooneysid in aad kala hadasho arjigan aad codsatay qof ku hadla afka Soomaliga, Fadlan wac: 651-665-0150
1-888-291-9811.

This information is also available in other forms to people with disabilities. For TDD/TTY users, contact this program through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

To qualify, your family must:

- Be income eligible – with a family income at or below 185% of the federal poverty guidelines
- Live within Saint Paul City Planning Districts 6 or 7 (North End or Frogtown)
- Have a child who will be 3 years old on September 1st of the current school year. Women who are pregnant or have a child who is under 1 year-old on Sept 1st of the current year may be eligible to receive Parent Mentoring Services and when the child is 3, they may be eligible for the scholarship.
- Have a parent or legal guardian of the child(ren) complete this application.

Instructions

- Print your answers in ink.
- Read all instructions carefully and answer all questions completely.
- Attach additional sheets of paper if you need more space.
- Sign and date the application
- Mail, fax or bring the completed application and all other needed items to the address listed above.
- If you have questions about completing this application or have problems getting the information you need, call the number above.

After your application has been processed, you will receive written notice of your eligibility.

Information about the Saint Paul Early Childhood Scholarship Program

- The Saint Paul Early Childhood Scholarship Program is a new program separate from Child Care Assistance and Basic Sliding Fee Child Care. Use this application to apply for the Saint Paul Early Childhood Scholarship Program. This program provides between \$7,000 and \$13,000 per year to help families pay for child care/early education that will help their children get ready for school.
- Eligible families will receive two services; 1) parent mentoring (home visiting), and 2) scholarship funds to attend a high-quality child care/early education for your preschool-aged child.
- Home visits will offer information about family health, child development, and community resources.
- When the eligible child is three years old, you will receive help finding a qualifying child care/early education provider if you do not already have one. Scholarships must be used at a 3 or 4-star rated program with the Parent Aware Rating System. For an updated list of programs, visit <http://www.parentawareratings.org>
- Child care/early education will be paid for until the child enters kindergarten.
- Eligible families will be asked to be part of a program evaluation and to share information with the child care program and home visitor.
- Scholarships will be paid directly to the chosen child care/early education provider. If, in the rare event, the program tuition is greater than the awarded scholarship, the parent or legal guardian agrees to pay the difference.
- Applications will be processed within 2 to 4 weeks and notification sent by mail.
- Application and acceptance into the Saint Paul Early Childhood Scholarship Program does not affect a family's eligibility for Child Care Assistance or their place on the waiting list.

1. Applicant. Tell us about you and where you live.

PARENT 1: LAST NAME		FIRST NAME		MIDDLE NAME		BIRTH DATE	
OTHER NAMES YOU MIGHT BE KNOWN AS				PARENT GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
PARENT 2: LAST NAME		FIRST NAME		MIDDLE NAME		BIRTH DATE	
ADDRESS OF THE PARENT WHERE CHILD LIVES THE MAJORITY OF THE TIME				CITY		STATE	
MAILING ADDRESS <i>(if different)</i>				CITY		STATE	
HOME PHONE		WORK PHONE		OTHER PHONE		IF YOU DO NOT HAVE A PHONE, WHAT IS THE BEST WAY TO CONTACT YOU? (Example – name and phone number of a friend or family member)	
EMAIL ADDRESS <i>(optional)</i>		PREFERRED LANGUAGE <i>(optional)</i>		PREFERRED WRITTEN LANGUAGE <i>(optional)</i>		DO YOU NEED AN INTERPRETER? <i>(circle one)</i>	
						YES NO	
Languages spoken at home: (circle ALL that apply) <i>optional</i> Arabic English Hmong Karen Khmer (Cambodian) Laotian Oromo Russian Serbo- Croatian (Bosnian) Somali Spanish Vietnamese Other (please specify) _____							
WHERE DID YOU HEAR ABOUT THIS PROGRAM? <i>(circle one)</i> Lifetrack Resources Minnesota Literacy Council Neighborhood House Saint Paul Early Childhood Family Education(ECFE) St. Paul - Ramsey County Department of Public Health County Worker Library School: (name) _____ Child care/early education program: (name) _____ Community agency: (name) _____ Other: _____							

2. Children living with you for which you are the parent or legal guardian.

NAMES OF CHILDREN (LAST, FIRST, MIDDLE)		DATE OF BIRTH	GENDER (male or female) <i>(optional)</i>	RACE OR ETHNICITY <i>(optional)</i>
NEW BABY DUE? YES/NO		DUE DATE:		

3. Family members in the household.

How many family members live with you? Include all adults, children, and yourself _____

4. Income. Please use the worksheet provided on page 5 to calculate your family's total income.

Total Annual Income (EARNED + UNEARNED-DEDUCTIONS) : \$ _____

5. Are you or your children currently enrolled in:

MFIP (Minnesota Family Investment Program) ____yes ____no

DWP (Diversionary Work Program) ____yes ____no

Minnesota Child Care Assistance Program ____yes ____no

If you answered yes to receiving any benefits in section 5, STOP! Please SKIP question 6 and go directly to page 5 *You do **not** need to send proof of documents with this application. Resources for Child Caring will verify the information above. Please enter your case number* _____

6. Please send in copies of the documents below. Do not send originals.

◆ **Proof of child's age:** (send ONE from this list)

- | | |
|--|---|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Immunization record |
| <input type="checkbox"/> Crib card | <input type="checkbox"/> Baptismal record |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Consulate registration card (Matricula Consular) |
| <input type="checkbox"/> I-94 card | |
| <input type="checkbox"/> Health Insurance card | |

◆ **Proof of address for primary parent/guardian:** (send ONE from this list)

- | | |
|---|--|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Shelter Verification Form |
| <input type="checkbox"/> State identification card | <input type="checkbox"/> Rental lease |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Mortgage document |
| <input type="checkbox"/> School identification card | <input type="checkbox"/> Recent utility bill |

◆ **Proof of earned income:** Please complete income worksheet on page 4. Document the income you earned from work during the past 12 months by sending one or more of the following:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Tax Form | <input type="checkbox"/> Financial Aid statement |
| <input type="checkbox"/> W-2 Form | <input type="checkbox"/> Statement from employer |
| <input type="checkbox"/> Pay stub | |

◆ **Proof of unearned income and deductions.** Please complete income worksheet on pg 4.

- ☐ If you have received child support payments in the last 12 months, send a copy of the payment letter that indicates the amount received during the past 12 months.
- ☐ Deductions (see income worksheet on Page 5) – Include proof of deductions, such as check stubs, benefit statements, premium statements, or award letters.

Income worksheet. Please use this worksheet to calculate your total family income.

EARNED INCOME (WAGES AND PROFITS FOR THE PARENT OR GUARDIAN OF THE CHILD(REN) LISTED IN THIS APPLICATION)					
NAME	EMPLOYER'S NAME	HOURLY WAGE	HOURS WORKED PER WEEK	HOW OFTEN ARE YOU PAID?	ANNUAL AMOUNT (BEFORE DEDUCTIONS) <i>(Multiply hourly wage times number of hours worked)</i>
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Other	
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Other	
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Other	
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Other	
TOTAL ANNUAL EARNED INCOME:				\$	

UNEARNED INCOME (CHILD SUPPORT, MFIP AND DWP FOR THE PARENT OR GUARDIAN OF THE CHILD(REN) LISTED IN THIS APPLICATION)				
TYPE	YES	NO	HOW OFTEN DO YOU RECEIVE PAYMENTS?	AMOUNT RECEIVED
Do you receive Child Support payments?				
Do you receive MFIP/DWP?				
TOTAL ANNUAL UNEARNED INCOME:				\$

DEDUCTIONS (EXPENSES FOR THE PARENT OR GUARDIAN OF THE CHILD(REN) LISTED IN THIS APPLICATION)		
EXPENSE	AMOUNT	HOW OFTEN DO YOU PAY?
Medical Insurance Premiums		
Dental Insurance Premiums		
Vision Insurance Premiums		
Court ordered child support for child not living in the home		
Court ordered spousal support		
TOTAL ANNUAL DEDUCTIONS:		\$
TOTAL FAMILY INCOME (EARNED + UNEARNED - DEDUCTIONS):		\$

Important! Please read and sign this application.

If I am awarded a scholarship and/or parent mentoring services, I understand:

- I must enroll my child(ren) in a program that provides child care/early education for at least 12 hours per week.
- I must select a child care/early education program that has achieved 3 or 4 stars or a provisional rating through Parent Aware, or provisional approval through the Minnesota Department of Education or Minnesota Department of Human Services.
- I must give the child care/early education program a two week notice if I move or if I decide to transfer my child to another program.
- I must meet with my assigned parent mentor on a regular basis.
- The Minnesota Early Learning Foundation or its evaluator will contact me about participating in the evaluation of the Scholarship Program.

Release of information:

- State and federal privacy laws protect my information. If I am eligible for the Early Childhood Scholarship Program, scholarship program staff can share information about my eligibility and the amount of the scholarship with the child care/early education program. Scholarship program staff can share information on this application with Saint Paul-Ramsey County Department of Public Health.

I understand:

- The information about the amount of the scholarship must be shared with the child care/early education program I choose so that they know how much the scholarship program will pay.
- The information on the application must be shared with Saint Paul-Ramsey County Department of Public Health so that they can connect me with parent mentoring services.
- This information can be shared only if I give my written permission or if the law allows it.
- I can refuse to sign or cancel this release, but if I do, the Early Childhood Scholarship Program may not be able to pay the child care/early education program or connect me with parent mentoring services.
- I may cancel this authorization with written notice anytime. This written notice will not affect information already released.
- The person or agency that gets my information may be able to pass it on to others.
- This authorization will end one year from the date I sign it. Minnesota Data Privacy Act (Minn. Stat., Ch. 13).

Pre-k Allowance Program Addendum

I also want to apply for the Pre-kindergarten Allowance Program.

I understand:

- That the Saint Paul Early Childhood Scholarship Program and the Pre-kindergarten Allowance Program are separate programs with different requirements and different funding limits.
- That I may be eligible for both programs, one program, or neither program,
- That if I am eligible only for the Saint Paul Early Childhood Scholarship Program, I am eligible to receive up to \$13,000 from that program per year.
- That if I am eligible only for the Pre-kindergarten Allowance Program, I am eligible to receive up to \$4,000 per year.
- That if I am determined eligible for both programs, the Pre-kindergarten Allowance Program will pay the first \$4,000 of my child care expenses and the Early Childhood Scholarship Program will pay the rest of my child care expenses up to a total of \$13,000 from both programs per year.
- That If I am eligible for the Pre-kindergarten Allowance Program, I will be asked to sign a parent agreement form with the child care/early education program I choose.

Authorization for release (sharing) of my information.

I give my permission for the Early Childhood Scholarship Program to share my information with the Pre-kindergarten Allowance Program to determine whether I am eligible for the Pre-kindergarten Allowance Program. If I am determined to be eligible for both the Early Childhood Scholarship Program and the Pre-kindergarten Allowance Program, I give my permission for both programs to share my information to coordinate my benefits.

Generally, I must give my written consent for the Early Childhood Scholarship Program and the Pre-kindergarten Allowance Program to give out my information. If I do not consent, the information will not be released unless the law otherwise allows it. I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released. This authorization is good while I am applying for and enrolled in the Pre-kindergarten Allowance Program, not to exceed one year, or longer if the law permits. I can refuse to sign or cancel this authorization. If I refuse to sign or if I cancel the release, I will have to separately apply to the Pre-kindergarten Allowance Program if I wish to be considered for that program and I may not be able to receive an allowance from the Pre-kindergarten Allowance Program. An agency or person who receives my information through this release could possibly re-disclose the information

By signing below:

- I agree to the sharing of information as stated on the information releases above.
- I declare that to the best of my knowledge the information provided in this application is accurate and true.
- If I am currently on the Minnesota Family Investment Program and/or the Minnesota Child Care Assistance Program, I acknowledge that Resources for Child Caring can verify my address, income, and age of my child(ren) through Ramsey County Social Services.
- I understand that by completing this application, I am also applying for the Pre-kindergarten Allowance Program.

SIGNATURE OF APPLICANT	DATE